Received from: Board of Directors

Topic: Pharmacist Provider Status Implementation in Medicaid

Sponsored: Robert DiGregorio

**Pharmacist Provider Status Implementation in Medicaid**

**Whereas**, Medicaid enrollment accounts for 5-30 percent of all insured persons, and

**Whereas**, states have regulatory flexibility to recognize pharmacists as Medicaid providers for any covered service, and

**Whereas**, Medicaid plans are “any willing provider” plans, where any qualified provider seeking to participating in the plan’s network must be permitted to enroll, and

**Whereas**, the state’s Department of Medicaid can issue highly specific and binding guidance regarding provider billing and reimbursement, and

**Whereas**, pharmacists are designated as an “other licensed practitioner” (OLP) within the Medicaid State Plan, which establishes a pharmacists’ eligibility to independently bill for provider services and OLP designation merely establishes eligibility for payment, but is not in-and-of itself a mandate to reimburse. And,

**Whereas**, the state Department of Medicaid permits pharmacists to enroll as individual providers and establishes policies outlining eligible codes that a pharmacist may bill, and

**Whereas**, the pharmacist scope of practice in New York State includes collaborative practice, and

**Whereas**, pharmacists should not be limited to incident-to billing arrangements, and true pharmacist provider status must include: Ability to bill all levels of E/M codes (99202-99205 & 99211-99215), have the ability to bill for lab testing, in addition to any specific prescribing protocols, including but not limited to: oral contraceptives, antivirals, tobacco-cessation products, or test and treat modalities.

**Therefore**; be it resolved that the New York State Council of Health-systems Pharmacists supports Medicaid coverage for services rendered to an enrollee by a licensed pharmacist acting within the pharmacist’s lawful scope of practice to the same extent as services rendered by any other licensed health care provider, with the following tenets:

* Pharmacists should be eligible to provide services in all applicable practice settings.
* Pharmacists should be reimbursed at rates no less than other nonphysician practitioners.
* Individual pharmacists should be enrolled as providers (as opposed to pharmacy enrollment).
* Requirements should apply to all state-regulated commercial insurance plans and all Medicaid plans.

Date: January 25, 2024

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Robert DiGregorio